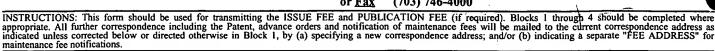
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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Certificate of Mailing or Transmission

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(Depositor's name) (Signature (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/960,717	09/24/2001	Barton F. Havnes	1579-599	4196

TITLE OF INVENTION: IMMUNOGEN COMPRISING AN HIV ENVELOPE PROTEIN, A LIGAND AND H2 PEPTIDE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	01/21/2004
- EXAMINER		ART UNIT		CLASS-SUBCLASS] .	
STUCKER, JEFFREY J		1648		424-178100	_	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ∴Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			names of agents Ol firm (hav agent) an	inting on the patent front page, up to 3 registered patent a R, alternatively, (2) the name ing as a member a registered d the names of up to 2 regist or agents. If no name is listed inted.	attorneys or 1 NIXON of a single attorney or 2 tered patent	& VANDERHYER

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DUKE UNIVERSITY

DURHAM, NORTH CAROLINA

will not be printed on the patent);	individual	Corporation or other private group entity	☐ government
4b. Payment of Fee(s):			-
A check in the amount of the fee(s) is enclosed.			
☐ Payment by credit card. Form PTO-2038 is attached.			
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	QI A check in the amoun	4b. Payment of Fee(s): ☐ A check in the amount of the fee(s) ☐ Payment by credit card. Form PTO-	4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.

(Authorized Signature) Mary 1. W.	(Date)
Mary J. Wilson, Reg. No. 3	32,955 $1/21/2004$
NOTE; The Issue Fee and Publication Fee (if rother than the applicant; a registered attorney conterest as shown by the records of the United States	or agent; or the assignee or other party in

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1330.00 DP 01 FC:1501 300.00 OF 02 FC:1504 30.00 OP 03 FC:6001

